Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF OHIO	-	
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	Part 1: Identify Yourself					
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):		
1.	Your full name					
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Shawn First name A Middle name Lawhun Last name and Suffix (Sr., Jr., II, III)		Dara First name A Middle name Lawhun Last name and Suffix (Sr., Jr., II, III)		
2.	All other names you have used in the last 8 years Include your married or maiden names.			Dara Ann Tennar		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-3336		xxx-xx-2556		

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	■ I have not used any business name or EINs.
	Include trade names and doing business as names	Business name(s)	Business name(s)
		EINs	EINs
5.	Where you live	655 Bexley Avenue Marion, OH 43302	If Debtor 2 lives at a different address:
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Marion County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)

Debtor 1	Shawn A Lawhun
Debtor 2	Dara A Lawhun

Case number (if known)

Par	t 2: Tell the Court About	i oui bai	iki upicy C	ase			
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.					
	choosing to file under	■ Cha	pter 7				
		☐ Cha	pter 11				
		☐ Cha	pter 12				
		☐ Cha	pter 13				
3.	How you will pay the fee	_ a o	I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for rabout how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's checorder. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card of a pre-printed address.				
					Iments. If you choose this optic	on, sign and attach the Application for Individuals to Pay	
			•	,	Official Form 103A).		
						n only if you are filing for Chapter 7. By law, a judge may, ur income is less than 150% of the official poverty line th	
		а	pplies to yo	ur family size and	you are unable to pay the fee ir	n installments). If you choose this option, you must fill out	
		tr	<i>не Аррисаті</i>	on to Have the Ch	apter 7 Filling Fee Walved (Offic	ial Form 103B) and file it with your petition.	
9. Have you filed for bankruptcy within the							
	last 8 years?	☐ Yes.	District		When	Coop number	
			District District	-		Case number Case number	
			District		When	Case number Case number	
			District		WIIGH	Case Humber	
0.	Are any bankruptcy cases pending or being filed by a spouse who is	■ No					
	not filing this case with you, or by a business partner, or by an affiliate?	— 100.					
			Debtor			Relationship to you	
			District		When	Case number, if known	
			Debtor			Relationship to you	
			District		When	Case number, if known	
1	Do you rent your		Go to	line 12.			
٠.	residence?	No.					
		☐ Yes.	_		ed an eviction judgment agains	t you?	
				No. Go to line 12			
				Yes. Fill out <i>Initia</i> this bankruptcy p		Judgment Against You (Form 101A) and file it as part of	

	otor 1 Shawn A Lawhun otor 2 Dara A Lawhun		Case number (if known)
Par	t 3: Report About Any Bu	sinesses	You Own as a Sole Proprietor
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4.
		☐ Yes.	Name and location of business
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any
	If you have more than one sole proprietorship, use a separate sheet and attach		Number, Street, City, State & ZIP Code
	it to this petition.		Check the appropriate box to describe your business: ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
			Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
			Stockbroker (as defined in 11 U.S.C. § 101(53A))
			☐ Commodity Broker (as defined in 11 U.S.C. § 101(6)) ☐ None of the above
			☐ None of the above
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline operation	e filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate is. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of its, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure is.C. 1116(1)(B).
	For a definition of small	■ No.	I am not filing under Chapter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
		☐ Yes.	I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Par	t 4: Report if You Own or	Have Any	Hazardous Property or Any Property That Needs Immediate Attention
14.	Do you own or have any	■ No.	
	property that poses or is alleged to pose a threat	☐ Yes.	
	of imminent and identifiable hazard to public health or safety?		What is the hazard?
	Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?
			Number, Street, City, State & Zip Code

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

	tor 1 Shawn A Lawhun tor 2 Dara A Lawhun				Case numbe	「 (if known)	
Part	6: Answer These Questi	ions for R	eporting Purposes				
16.	What kind of debts do you have?	16a.	Are your debts primarily individual primarily for a p			ned in 11 U.S.C. § 101(8) as "incurred by an	
			☐ No. Go to line 16b.	•			
			Yes. Go to line 17.				
		16b.	Are your debts primarily money for a business or in				
			☐ No. Go to line 16c.				
			☐ Yes. Go to line 17.				
		16c.	State the type of debts you	u owe that are not consum	ner debts or busines	s debts	
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chap	ter 7. Go to line 18.			
	Do you estimate that after any exempt property is excluded and administrative expenses	■ Yes.	are paid that funds will be			erty is excluded and administrative expenses	
	are paid that funds will		■ No				
	be available for distribution to unsecured creditors?		☐ Yes				
18.	How many Creditors do you estimate that you	1 -49		☐ 1,000-5,000 ☐ 5001-10,000		□ 25,001-50,000 □ 50,001-100,000	
	owe?	☐ 50-99 ☐ 100-1 ☐ 200-9	99	☐ 10,001-25,00		☐ More than100,000	
19.	How much do you estimate your assets to	□ \$0 - \$		□ \$1,000,001 -		\$500,000,001 - \$1 billion	
	be worth?		01 - \$100,000 ,001 - \$500,000	□ \$10,000,001 □ \$50,000,001		☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion	
			001 - \$300,000 001 - \$1 million	□ \$100,000,00		☐ More than \$50 billion	
20.	How much do you estimate your liabilities	□ \$0 - \$	550,000 001 - \$100,000	□ \$1,000,001 - □ \$10,000,001		□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion	
	to be?	_	.001 - \$500,000	\$50,000,001		□ \$10,000,000,001 - \$50 billion	
		\$500,	001 - \$1 million	□ \$100,000,00	1 - \$500 million	☐ More than \$50 billion	
Part	Sign Below						
For	you	I have ex	kamined this petition, and I	declare under penalty of p	erjury that the inform	nation provided is true and correct.	
						under Chapter 7, 11,12, or 13 of title 11, oose to proceed under Chapter 7.	
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).					
		I request	cified in this petition.				
		bankrupt and 357	tcy case can result in fines ι 1.		nment for up to 20 y	r property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519	
			wn A Lawhun A Lawhun		/s/ Dara A Lawh Dara A Lawhun	un	
			e of Debtor 1		Signature of Debtor	2	

Executed on June 25, 2019

MM / DD / YYYY

Executed on June 25, 2019

MM / DD / YYYY

Debtor 1	Shawn A Lawhun	
Debtor 2	Dara A Lawhun	Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ M. Elizabeth Martindell	Date	June 25, 2019
Signature of Attorney for Debtor		MM / DD / YYYY
M. Elizabeth Martindell 0083920		
Printed name		
M. Elizabeth Martindell, Esq. LLC		
131 South Prospect Street Marion, OH 43302		
Number, Street, City, State & ZIP Code		
Contact phone (740)382-6588	Email address	ElizabethMartindell@gmail.com
0083920 OH		
Bar number & State		

Fill	in this inform	nation to identify your	case:			
	otor 1	Shawn A Lawhun				
	_	First Name	Middle Name	Last Name		
1	otor 2 use if, filing)	Dara A Lawhun First Name	Middle Name	Last Name		
Uni	ted States Bar	nkruptcy Court for the:	NORTHERN DISTRIC	T OF OHIO		
(if kn	se number own)				_	Check if this is an amended filing
					,	amended illing
○ f	ficial Ear	m 1069um				
		<u>rm 106Sum</u> f Your Assets a	and Liabilities a	nd Certain Statistical Informatio	n	12/15
Be a	s complete a rmation. Fill o r original form	nd accurate as possib out all of your schedule	le. If two married peopes first; then complete	le are filing together, both are equally responsible the information on this form. If you are filing amount the box at the top of this page.	e for sup	oplying correct
						our assets alue of what you own
1.	Schedule A 1a. Copy line	/B: Property (Official Fo	orm 106A/B) rom Schedule A/B		\$	242,140.00
	1b. Copy line	e 62, Total personal prop	perty, from Schedule A/B	S	9	73,749.00
	1c. Copy line	e 63, Total of all property	on Schedule A/B		\$	315,889.00
Par	t 2: Summa	arize Your Liabilities				
						our liabilities mount you owe
2.			aims Secured by Proper nn A, Amount of claim, a	ty (Official Form 106D) t the bottom of the last page of Part 1 of <i>Schedule D</i>) \$	220,948.00
3.			Unsecured Claims (Officing 1) (Officing 1) (Officing 2) (ial Form 106E/F) ms) from line 6e of <i>Schedule E/F</i>	9	0.00
			" ,	claims) from line 6j of Schedule E/F		85,880.00
				Vour total linkilit	:	200 020 00
				Your total liabilit	ies \$	306,828.00
Par	t 3: Summa	arize Your Income and	Expenses			
4.		Your Income (Official Foombined monthly income		le I	\$	6,678.00
5.		Your Expenses (Official onthly expenses from line			\$	6,640.00
Par	t 4: Answe	r These Questions for	Administrative and Sta	itistical Records		
6.	-		er Chapters 7, 11, or 13 on this part of the form.	? Check this box and submit this form to the court with	your oth	er schedules.
7.	■ Yes What kind o	f debt do you have?				
				r debts are those "incurred by an individual primarily 9g for statistical purposes. 28 U.S.C. § 159.	for a pers	sonal, family, or

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

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the court with your other schedules.

Best Case Bankruptcy

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

 From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

9,362.00

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Calculula E/E again the following:	Total o	laim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	12,085.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	12,085.00

Fill in t	this informati	ion to identify your c	ase and this fi	iling:				
Debtor	1 ;	Shawn A Lawhun						
	_	First Name	Middle Nam	ne	Last Name			
Debtor (Spouse,		Dara A Lawhun First Name	Middle Nam	20	Last Name			
	3,							
United	States Bankri	uptcy Court for the:	NORTHERN D	ISTRICT OF	ОПО			
Case n	umber							☐ Check if this is an amended filing
Sch	edule	n 106A/B A/B: Properties		ssot only ones	e. If an asset fits in more than one	o catogory lise	t the asset in	12/15
□ No		any legal or equitable	•		ou Own or Have an Interest In			
	55 Bexley A	Venue ailable, or other description	v	Single-fa	operty? Check all that apply amily home or multi-unit building	the amount	of any secure	aims or exemptions. Put d claims on Schedule D: ns Secured by Property.
M Cit	larion		02-0000 IP Code	☐ Manufac	inium or cooperative tured or mobile home	Current val entire prop		Current value of the portion you own? \$242,140.00
				☐ Timeshare ☐ Other		Describe the nature of your ownership into (such as fee simple, tenancy by the entire)		
			W	Debtor 1	•	a life estate	e), if known.	
-	punty			☐ At least of	and Debtor 2 only one of the debtors and another ion you wish to add about this ite	(see ins	tructions)	nmunity property
			p you own for all	oroperty identif	fication number: ries from Part 1, including any	entries for		\$242,140.00
paç	ges you nave	attached for Part 1.	Write that nun	nber nere			=>	Ψ2-12,1-10:00

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Debtor 1 Debtor 2	_	hawn A La ara A Lawh			Case number (if known)	
3. Cars,	vans,	trucks, tract	tors, sport utility ve	hicles, motorcycles	_	
□ No						
■ Yes						
■ Yes	S					
	fake:	Honda Odyssey		Who has an interest in the property? Check one	the amount of any se	ed claims or exemptions. Put
	lodel: 'ear:	2016		Debtor 1 only		Claims Secured by Property.
		nate mileage:	95000	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
		ormation:		☐ At least one of the debtors and another		F ,
				☐ Check if this is community property (see instructions)	\$14,374.0 ———	90 \$14,374.00
3.2 M	fake:	GMC		Who has an interest in the property? Check one		ed claims or exemptions. Put
M	lodel:	Yukon		■ Debtor 1 only		cured claims on Schedule D: Claims Secured by Property.
	ear:	2004		Debtor 2 only		
Α	pproxim	nate mileage:	260000	Debtor 1 and Debtor 2 only	Current value of the entire property?	e Current value of the portion you own?
0	Other info	ormation:		☐ At least one of the debtors and another		
				☐ Check if this is community property (see instructions)	\$3,500.0	\$3,500.00
	the do			n for all of your entries from Part 2, including		\$17,874.00
5 (5						
			nal and Household Ite egal or equitable in	ems terest in any of the following items?		Current value of the portion you own? Do not deduct secured
<i>Exan</i> □ No	nples: I		urnishings ices, furniture, linens	, china, kitchenware		claims or exemptions.
 Ye	s. Des	scribe				
			Furniture			\$1,300.00
			Appliances			\$300.00
□ No	nples: ¯ i			eo, stereo, and digital equipment; computers, pr nedia players, games	inters, scanners; music coll	ections; electronic devices
					1	ψ. 55.00

Official Form 106A/B Schedule A/B: Property

page 2

		Shawn <i>I</i> Dara A L	A Lawhun Case number (if	^f known)
8.	_	: Antiques	e and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stam llections, memorabilia, collectibles	np, coin, or baseball card collections;
	■ No □ Yes. De	escribe		
9.		Sports, p musical	rts and hobbies obotographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; c instruments	canoes and kayaks; carpentry tools;
			Household tools (including \$30 table saw)	\$400.00
			Punching bag and weights	\$100.00
	■ No □ Yes. De	s: Pistols, escribe s: Everyd	ay clothes, furs, leather coats, designer wear, shoes, accessories	
			Clothing	\$500.00
			Five year old Coach purse	\$50.00
12	2. Jewelry Example: □ No ■ Yes. De	·	ay jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches,	gems, gold, silver
			Jewelry	\$1,100.00
13	B. Non-farm Example: ☐ No ☐ Yes. De	s: Dogs, o	cats, birds, horses	
			One cat and one 8 year old Yorkie-poo dog	\$0.00
	■ No □ Yes. G	ive specif	al and household items you did not already list, including any health aids you did no ic information	hed
13			that number here	\$4,450.00
			Financial Assets	
D	o you own	or have	any legal or equitable interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.

19-32044-jpg Doc 1 FILED 06/25/19 ENTERED 06/25/19 23:41:29 Page 12 of 65

Schedule A/B: Property

Official Form 106A/B

Debto Debto		Shawn A Law Dara A Lawhu			Case number (if known)	
16. Ca <i>E</i> : □ 1	xample	es: Money you ha	ıve in y	our wallet, in your ho	ome, in a safe deposit box, and on hand when you file your petition	
	Yes					
					Cash	\$10.00
	xample No				ounts; certificates of deposit; shares in credit unions, brokerage houses, and othe swith the same institution, list each. Institution name:	er similar
			17.1.	Checking	Chase Bank	\$809.00
			17.2.	Savings	Corporate America Federal Credit Union	\$5.00
<i>E</i> : □ 1	<i>xample</i> No			ely traded stocks ent accounts with bro	okerage firms, money market accounts	
_	res					
				5 shares of Nuc	or stock invested through Fidelity	\$271.00
■ r	Yes. (Give specific infor	Na	about themne of entity:	% of ownership: otiable and non-negotiable instruments	
N N ■ 1	legotia Ion-neg No	<i>ble instruments</i> ir	nclude points are	personal checks, cas those you cannot tra	shiers' checks, promissory notes, and money orders. ansfer to someone by signing or delivering them.	
	xample	ent or pension a es: Interests in IR	ccoun	ts	403(b), thrift savings accounts, or other pension or profit-sharing plans	
	Yes. L	ist each account	•	ely. of account:	Institution name:	
			401(I	()	Fidelity holds Nucor retirement	\$49,830.00
You Ex	our sha <i>xample</i> No Yes	es: Agreements w	deposi vith land	s you have made so dlords, prepaid rent,	o that you may continue service or use from a company public utilities (electric, gas, water), telecommunications companies, or others Institution name or individual: ey to you, either for life or for a number of years)	
I		`	•	e and description.	oy to you, outlor for the or for a number of years)	
		in an education . §§ 530(b)(1), 52			qualified ABLE program, or under a qualified state tuition program.	
		106A/B			Schedule A/B: Property	page 4

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Best Case Bankruptcy

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	ebtor 1 ebtor 2	Shawn A L Dara A Lav		Case number (if know	vn)
	■ No				
	☐ Yes		Institution name and description. Separately file the	records of any interests.11 U.S.C. § 521	(c):
25.	Trusts, No	equitable or	future interests in property (other than anything	listed in line 1), and rights or powers	exercisable for your benefit
	☐ Yes.	Give specific i	information about them		
26.			trademarks, trade secrets, and other intellectual omain names, websites, proceeds from royalties and		
		Give specific i	information about them		
27.			s, and other general intangibles ermits, exclusive licenses, cooperative association h	noldings, liquor licenses, professional lice	enses
	☐ Yes.	Give specific i	information about them		
M	oney or p	property owe	d to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	_	unds owed to	you		
	■ No □ Yes. 0	Give specific in	nformation about them, including whether you alread	ly filed the returns and the tax years	
29.	■ No	les: Past due	or lump sum alimony, spousal support, child support	, maintenance, divorce settlement, prope	erty settlement
	☐ Yes. (Give specific in	nformation		
30.	Exampi _	<i>les:</i> Unpaid wa	eone owes you ages, disability insurance payments, disability benefi unpaid loans you made to someone else	ts, sick pay, vacation pay, workers' com	pensation, Social Security
	■ No □ Yes.	Give specific i	information		
31.		t s in insuranc les: Health, dis	ce policies sability, or life insurance; health savings account (HS	SA); credit, homeowner's, or renter's insu	urance
	■ Yes. N	Name the insu	rance company of each policy and list its value. Company name:	Beneficiary:	Surrender or refund value:
			HSA at Health Equity from Marion General Hospital	Family members	\$500.00
			Term life insurance through employe	Nr.	
			Nucorp	Spouse	\$0.00
			ADD insurance through employer Nucor	Spouse	\$0.00
32.	If you a someor		erty that is due you from someone who has died ciary of a living trust, expect proceeds from a life insu information	rance policy, or are currently entitled to	receive property because

Schedule A/B: Property page 5 Software Copyright (c) 1996-2019 Best Case, LLC - www.bestcase.com Best Case Bankruptcy

Official Form 106A/B

	otor 1 otor 2	Shawn A Lawhun Dara A Lawhun		Case number (if known)	
_		against third parties, whether or not you have filed a la les: Accidents, employment disputes, insurance claims, or		and for payment	
		Describe each claim			
_	Other c ■ No	ontingent and unliquidated claims of every nature, incl	luding counterclaims o	of the debtor and rights to	set off claims
	☐ Yes.	Describe each claim			
_		ancial assets you did not already list			
	■ No □ Yes.	Give specific information			
36.		ne dollar value of all of your entries from Part 4, includirt 4. Write that number here			\$51,425.00
Part	5: Des	cribe Any Business-Related Property You Own or Have an Into	erest In. List any real esta	te in Part 1.	
37. [Do you o	wn or have any legal or equitable interest in any business-rela	ited property?		
	No. Go	to Part 6.			
	Yes. G	o to line 38.			
Part		cribe Any Farm- and Commercial Fishing-Related Property Yo u own or have an interest in farmland, list it in Part 1.	ou Own or Have an Interes	it In.	
46.	Do you	own or have any legal or equitable interest in any farm	n- or commercial fishin	g-related property?	
	■ No. (Go to Part 7.			
	☐ Yes.	Go to line 47.			
			-		
Part	: 7:	Describe All Property You Own or Have an Interest in That Yo	ou Did Not List Above		
53.		have other property of any kind you did not already lis les: Season tickets, country club membership	t?		
	No				
	☐ Yes. (Give specific information			
54.	Add th	ne dollar value of all of your entries from Part 7. Write t	hat number here		\$0.00
Part	8:	List the Totals of Each Part of this Form		_	
55.	Part 1	: Total real estate, line 2			\$242,140.00
56.		: Total vehicles, line 5	\$17,874.00		ΨΣ-1,1-10.00
57.		: Total personal and household items, line 15	\$4,450.00		
58.		: Total financial assets, line 36	\$51,425.00		
59.		: Total business-related property, line 45	\$0.00		
60.	Part 6	: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	: Total other property not listed, line 54	+ \$0.00		
62.	Total	personal property. Add lines 56 through 61	\$73,749.00	Copy personal property to	stal \$73,749.00
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$315,889.00
				l l	

Official Form 106A/B Schedule A/B: Property page 6

Fill in this inform	nation to identify your	case:		
Debtor 1	Shawn A Lawhur	1		
	First Name	Middle Name	Last Name	
Debtor 2	Dara A Lawhun			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court for the:	NORTHERN DISTRICT	OF OHIO	
Case number				☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the F	Property You Claim as Exe	mpt
------------------------	---------------------------	-----

1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.								
	■ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)								
	☐ You are claiming federal exemptions. 11 t	J.S.C. § 522(b)(2)							
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.								
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption				
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.					
	655 Bexley Avenue Marion, OH 43302 Marion County	\$242,140.00		\$42,826.00	Ohio Rev. Code Ann. § 2329.66(A)(1)				
	Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit					
	2016 Honda Odyssey 95000 miles Line from Schedule A/B: 3.1	\$14,374.00		\$0.00	Ohio Rev. Code Ann. § 2329.66(A)(2)				
	Line Holli Schedule A/B. 3.1			100% of fair market value, up to any applicable statutory limit	2020.00(A)(2)				
	2004 GMC Yukon 260000 miles Line from Schedule A/B: 3.2	\$3,500.00		\$3,500.00	Ohio Rev. Code Ann. § 2329.66(A)(2)				
	Zine nom concade / v.b. Ciz			100% of fair market value, up to any applicable statutory limit					
	Furniture Line from Schedule A/B: 6.1	\$1,300.00		\$1,300.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)				
				100% of fair market value, up to any applicable statutory limit	2029.00(A)(4)(d)				
	Appliances Line from Schedule A/B: 6.2	\$300.00		\$300.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)				
	Ellio II oli I oli loddio 74 B. GIZ			100% of fair market value, up to any applicable statutory limit					

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 3

Best Case Bankruptcy

Case number (if known)

or 2 Dara A Lawnun			Case number (ii known)	
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own		ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
Electronics	\$700.00	_	\$700.00	Ohio Rev. Code Ann. §
Line from <i>Schedule A/B</i> : 7.1			100% of fair market value, up to any applicable statutory limit	2329.66(A)(4)(a)
Household tools (including \$30 table saw)	\$400.00		\$400.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
Line from Schedule A/B: 9.1			100% of fair market value, up to any applicable statutory limit	2020.00(11)(4)(a)
Punching bag and weights ine from Schedule A/B: 9.2	\$100.00		\$100.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
and nom dericate A.B. 3.2			100% of fair market value, up to any applicable statutory limit	2020.00(\(\)(\(\)(\(\))
Clothing Line from Schedule A/B: 11.1	\$500.00		\$500.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
Elle Holli Gohedale /V.B. TTT			100% of fair market value, up to any applicable statutory limit	2020:00(: 1)(1)(2)
Five year old Coach purse	\$50.00		\$50.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
2110 110111 307134410 7 V 2. 1 1 1 2			100% of fair market value, up to any applicable statutory limit	2020100(1.5)(1.5)(2.5)
Jewelry Line from Schedule A/B: 12.1	\$1,100.00		\$1,100.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(b)
			100% of fair market value, up to any applicable statutory limit	X X X X
Cash Line from Schedule A/B: 16.1	\$10.00		\$10.00	Ohio Rev. Code Ann. § 2329.66(A)(3)
Line Holli Schedule A.B. 19.1			100% of fair market value, up to any applicable statutory limit	2020.00(A)(0)
Checking: Chase Bank _ine from Schedule A/B: 17.1	\$809.00		\$809.00	Ohio Rev. Code Ann. § 2329.66(A)(3)
and norm deflectable AVE.			100% of fair market value, up to any applicable statutory limit	2020.00(11)(0)
Savings: Corporate America Federal Credit Union	\$5.00		\$5.00	Ohio Rev. Code Ann. § 2329.66(A)(3)
ine from Schedule A/B: 17.2			100% of fair market value, up to any applicable statutory limit	\
5 shares of Nucor stock invested hrough Fidelity	\$271.00		\$271.00	Ohio Rev. Code Ann. § 2329.66(A)(18)
Line from Schedule A/B: 18.1			100% of fair market value, up to any applicable statutory limit	· · · · · · · · · · · · · · · · · ·
401(k): Fidelity holds Nucor	\$49,830.00		100%	Ohio Rev. Code Ann. § 2329.66(A)(10)(b)
Line from Schedule A/B: 21.1			100% of fair market value, up to any applicable statutory limit	· / / / /

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 2 of 3

Shawn A Lawhun Debtor 1 Dara A Lawhun Case number (if known) Debtor 2 Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **HSA** at Health Equity from Marion Ohio Rev. Code Ann. § 100% \$500.00 **General Hospital** 3923.19(A) Beneficiary: Family members 100% of fair market value, up to Line from Schedule A/B: 31.1 any applicable statutory limit Term life insurance through Ohio Rev. Code Ann. §§ \$0.00 100% employer Nucorp 2329.66(A)(6)(c), 3917.05 **Beneficiary: Spouse** 100% of fair market value, up to Line from Schedule A/B: 31.2 any applicable statutory limit ADD insurance through employer Ohio Rev. Code Ann. §§ \$0.00 100% Nucor 2329.66(A)(6)(e), 3923.19 **Beneficiary: Spouse** 100% of fair market value, up to Line from Schedule A/B: 31.3 any applicable statutory limit .)

3.	e you claiming a homestead exemption of more than \$170,350? bject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment
	No
	Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
	□ No
	☐ Yes

Fill	in this informati	ion to identify you	r case:						
Deb	otor 1	Shawn A Lawhu	ın						
		First Name	Middle Name Last Name		-				
Deb	otor 2	Dara A Lawhun							
(Spo	use if, filing)	First Name	Middle Name Last Name		-				
Uni	ted States Bankru	uptcy Court for the:	NORTHERN DISTRICT OF OHIO		-				
Cas	e number								
(if kn	own)				☐ Check	if this is an			
					ameno	ded filing			
~									
	<u>icial Form 1</u>								
Sc	hedule Da	: Creditors	Who Have Claims Secured	by Propert	у	12/15			
Re a	s complete and ac	curate as nossible I	f two married people are filing together, both are equ	ally responsible for su	unniving correct informa	tion If more space			
s ne			out, number the entries, and attach it to this form. On						
1. Do	any creditors hav	e claims secured by	your property?						
	■ No. Check thi	s box and submit th	nis form to the court with your other schedules. Yo	u have nothing else t	to report on this form.				
	Yes Fill in all	of the information I	nelow	•					
D			5010 W.						
		ecured Claims		Column A	Column B	Column C			
for e	ach claim. If more	than one creditor has	nore than one secured claim, list the creditor separately a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion			
2.1	Credit Accep	tance Corp	Describe the property that secures the claim:	\$21,634.00	\$14,374.00	\$7,260.00			
	Creditor's Name	<u> </u>	2016 Honda Odyssey 95000 miles						
	PO Box 5518 Detroit, MI 48		As of the date you file, the claim is: Check all that apply.						
	Number, Street, City	, State & Zip Code	☐ Unliquidated						
		•	☐ Disputed						
Wh	o owes the debt?	Check one.	Nature of lien. Check all that apply.						
	Debtor 1 only		☐ An agreement you made (such as mortgage or secu	ıred					
	Debtor 2 only		car loan)						
_	Debtor 1 and Debto	r 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)						
	At least one of the d	lebtors and another	☐ Judgment lien from a lawsuit						
	Check if this claim relates to a Other (including a right to offset)								

Official Form 106D

community debt

Date debt was incurred _

Schedule D: Creditors Who Have Claims Secured by Property

Last 4 digits of account number

page 1 of 2

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Debtor 1	Shawn A	Lawhun			Ca	ase number (if known)		
	First Name	Middle N	lame	Last Name				
Debtor 2	Dara A La	whun						
	First Name	Middle N	lame	Last Name				
2.2 The	e Money So	urce Inc	Describe the	property that secures the o	claim:	\$199,314.00	\$242,140.00	\$0.00
	litor's Name			y Avenue Marion, OH rion County		,,.	<u> </u>	• • • • • • • • • • • • • • • • • • • •
	S Broad S riden, CT 0		As of the dat apply.	e you file, the claim is: Chec	ck all that			
Num	ber, Street, City, S	State & Zip Code	Unliquidat	ed				
Who owe	es the debt? C	check one.	☐ Disputed Nature of lie	en. Check all that apply.				
■ Debtor	,		An agreer car loan)	nent you made (such as mort	gage or secu	ured		
☐ Debtor	1 and Debtor 2	only	☐ Statutory	ien (such as tax lien, mechan	nic's lien)			
☐ At leas	t one of the deb	otors and another	☐ Judgment	lien from a lawsuit				
	if this claim re nunity debt	elates to a	Other (inc	luding a right to offset)				
Date debt	was incurred	Opened 09/16 Last Active 2/27/19	Last 4	digits of account number	9387			
Add the	dollar value o	f your entries in (Column A on th	is page. Write that number		\$220,948	3.00	
	tne last page at number her	•	the dollar valu	e totals from all pages.		\$220,948	3.00	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 2 of 2

Fill in this inf	ormation to identify your cas	e.			
Debtor 1					
Deploi i	Shawn A Lawhun First Name	Middle Name	Last Name		
Debtor 2	Dara A Lawhun				
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	ORTHERN DISTRICT OF O	HIO		
Case number					
(if known)				☐ Check if t	his is an
				amended	filing
Official Ec	orm 106E/F				
		a Hava Haaaaurad	Claima		12/15
	E/F: Creditors Who		TY claims and Part 2 for creditors with I		
name and case	Continuation Page to this page. I number (if known). t All of Your PRIORITY Unse		port in a Part, do not file that Part. On t	ne top of any additional pag	yes, write your
1. Do any cre	ditors have priority unsecured c	aims against you?			
No. Go	to Part 2.				
☐ Yes.					
Part 2: Lis	t All of Your NONPRIORITY (Insecured Claims			
3. Do any cre	ditors have nonpriority unsecure	ed claims against you?			
☐ No. You	have nothing to report in this part.	Submit this form to the court with	your other schedules.		
Yes.					
unsecured	claim, list the creditor separately for	each claim. For each claim listed	ne creditor who holds each claim. If a credition what type of claim it is. Do not list have more than three nonpriority unsecure	st claims already included in I	Part 1. If more
				Total c	laim
	a Healthcare	Last 4 digits of acc	count number		\$248.00
•	ority Creditor's Name	When was the deb	t incurred?		
	ox 802017 ago, IL 60680-2017	when was the debi	t incurred?		
	er Street City State Zip Code	As of the date you	file, the claim is: Check all that apply		
Who in	ncurred the debt? Check one.				
☐ Del	btor 1 only	☐ Contingent			
☐ Del	btor 2 only	☐ Unliquidated			
■ Del	btor 1 and Debtor 2 only	☐ Disputed			
☐ At I	east one of the debtors and anothe	_ `	RITY unsecured claim:		
☐ Ch	eck if this claim is for a commur	aity Student loans			
debt			ng out of a separation agreement or divorc	e that you did not	
	claim subject to offset?	report as priority clai			
■ No		■ Debts to pension	n or profit-sharing plans, and other similar	debts	
П Уа		a 0.1 0 11			

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 15

	r 1 Shawn A Lawhun r 2 Dara A Lawhun		Case number (if known)	
4.2	Aqua Oh	Last 4 digits of account number		\$148.00
	Nonpriority Creditor's Name PO Box 70279 Philadelphia, PA 19176-0279	When was the debt incurred?		
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.	_		
	Debtor 1 only	Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify		
4.3	Cap1/marcs	Last 4 digits of account number	7267	\$1,970.00
	Nonpriority Creditor's Name		0 105/40 1 11/4	
	Po Box 30258 Salt Lake City, UT 84130	When was the debt incurred?	Opened 05/13 Last Active 8/09/18	
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	,	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Charge Acc	count	
4.4	Cap1/mnrds	Last 4 digits of account number	6872	\$831.00
	Nonpriority Creditor's Name		0	
	' '			
	Po Box 30253 Salt Lake City, UT 84130	When was the debt incurred?	Opened 09/15 Last Active 8/03/18	

Salt Lake City, UT 84130

Number Street City State Zip Code
Who incurred the debt? Check one.

Debtor 1 only
Debtor 2 only
Debtor 1 and Debtor 2 only
Debtor 1 and Debtors and another
Check if this claim is for a community debt

Metal Was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
Unliquidated
Disputed

Type of NONPRIORITY unsecured claim:
Student loans
Obligations arising out of a separation agreement or divorce that you did not

report as priority claims

■ No
 □ Debts to pension or profit-sharing plans, and other similar debts
 □ Yes
 ■ Other. Specify
 Charge Account

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 2 of 15

Is the claim subject to offset?

Debtor 1	Shawn A Lawhun	
Debtor 2	Dara A Lawhun	

Case number (if known)

4.5	Capital One Bank Usa N	Last 4 digits of account number	0716	\$638.00
	Nonpriority Creditor's Name Po Box 30281 Salt Lake City, UT 84130	When was the debt incurred?	Opened 07/17 Last Active 9/21/18	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	a plans, and other similar debts	
	☐ Yes	Other. Specify Credit Card		
	I les	Other. Specify	·	
4.6	Capital One Bank Usa N	Last 4 digits of account number	8979	\$538.00
	Nonpriority Creditor's Name Po Box 30281 Salt Lake City, UT 84130	When was the debt incurred?	Opened 05/18 Last Active 8/31/18	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Charge Acc	count	
4.7	Capital One Bank Usa N	Last 4 digits of account number	1729	\$407.00
	Nonpriority Creditor's Name Po Box 30281 Salt Lake City, UT 84130	When was the debt incurred?	Opened 09/18 Last Active 3/04/19	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify Credit Card	<u> </u>	

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 3 of 15

2 Dara A Lawhun		Case number (if known)	
Capital One Bank Usa N	Last 4 digits of account number	2283	\$391
Nonpriority Creditor's Name Po Box 30281		Opened 09/18 Last Active	
Salt Lake City, UT 84130	When was the debt incurred?	3/04/19	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
☐ Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Credit Card	<u> </u>	
Cashland	Last 4 digits of account number		\$1,140
Nonpriority Creditor's Name 1299 Mt Vernon Ave	When was the debt incurred?		
Marion, OH 43302 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt		aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
No	Debts to pension or profit-sharin	ng pians, and other similar debts	
☐ Yes	Other. Specify		
Cashland	Last 4 digits of account number	4929	\$1,080
Nonpriority Creditor's Name 17 Triangle Park Cincinnati, OH 45246	When was the debt incurred?		· ·

Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only \square Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

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Best Case Bankruptcy

Debto Debto	or 1 Shawn A Lawhun or 2 Dara A Lawhun		Case number (if known)	
4.1	Cb/a&f	Last 4 digits of account number	7145	\$538.00
	Nonpriority Creditor's Name	_		
	Po Box 182789 Columbus, OH 43218	When was the debt incurred?	Opened 5/13/18 Last Active 8/31/18	
	Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Charge Acc	count	
4.1	CBCS	Last 4 digits of account number		\$224.00
	Nonpriority Creditor's Name PO Box 163279	When was the debt incurred?		.
	Columbus, OH 43216-3279 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify PSU Phys-	Neuro Specialists	
4.1	0000			# \$\$\$\$
3	CBCS	Last 4 digits of account number		\$668.00
	Nonpriority Creditor's Name PO Box 163279 Columbus, OH 43216-3279	When was the debt incurred?		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	

■ No

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

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 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify OSU Phys Radiology

r 2 Dara A Lawhun		•	
Chrysler Capital	Last 4 digits of account number	1000	\$17,317
Nonpriority Creditor's Name		Opened 04/18 Last Active	
Po Box 961275 Fort Worth, TX 76161	When was the debt incurred?	11/05/18	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	<u> </u>	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	2018 Dodg	e Journey 6,000 miles	
□Yes	Other. Specify Creditor re on 5/21/19	possessed and then sold the car	
City of Marion	Last 4 digits of account number		\$247
Nonpriority Creditor's Name Utility Billing Dept. 233 W. Center St.	When was the debt incurred?		
Marion, OH 43302-3643 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify		
CMRE Financial Services	Last 4 digits of account number		\$309
Nonpriority Creditor's Name 3075 E Impreial Highway	When was the debt incurred?		
Ste 200 Brea, CA 92821-6753			
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
☐ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	□ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	Student loans		
debt		aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
No	Debts to pension or profit-sharing		
Yes	Other. Specify Riverside	Radiology	

Schedule E/F: Creditors Who Have Unsecured Claims

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	or 1 Shawn A Lawhun or 2 Dara A Lawhun		Case number (if known)	
4.1 7	Columbia Gas	Last 4 digits of account number		\$718.00
	Nonpriority Creditor's Name PO Box 742510 Cincinnati, OH 45274-2510	When was the debt incurred?		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	Other. Specify		
4.1 8	Comenitybank/meijer	Last 4 digits of account number	4417	\$508.00
	Nonpriority Creditor's Name Po Box 182789 Columbus, OH 43218	When was the debt incurred?	Opened 09/17 Last Active 8/17/18	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify Charge Acc	count	
4.1	Comenitybank/victoria	Last 4 digits of account number	0186	\$837.00
J	Nonpriority Creditor's Name			, , , , , , , , , , , , , , , , , , ,
			Opened 11/16 Last Active	
	Po Box 182789 Columbus, OH 43218	When was the debt incurred?	9/05/18	
		When was the debt incurred? As of the date you file, the claim		

☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill \square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Charge Account

☐ Unliquidated

☐ Disputed

Official Form 106 E/F

Debtor 2 only

☐ Debtor 1 and Debtor 2 only

Schedule E/F: Creditors Who Have Unsecured Claims

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Type of NONPRIORITY unsecured claim:

Dara A Lawhun		Case number (if known)	
Fabco	Last 4 digits of account number	2217	\$2,799.00
Nonpriority Creditor's Name Po Box 20850	When was the debt incurred?	Opened 02/17	
Columbus, OH 43220 Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.	7.0 or the date you me, the claim.	or official appry	
Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt s the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
□Yes	Other. Specify Collection	Attorney Fox Chase	
Fed Loan Serv	Last 4 digits of account number	0002	\$12,085.00
Nonpriority Creditor's Name	Last 4 digits of account number		Ψ12,000.00
Pob 60610 Harrisburg, PA 17106	When was the debt incurred?	Opened 04/16 Last Active 2/15/19	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
□ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
— No □ Yes	☐ Other. Specify		
ப 165	Educationa	ıl	
Gbs/first Electronic B	Last 4 digits of account number	6441	\$1,269.00
Nonpriority Creditor's Name Po Box 4499 Beaverton, OR 97076	When was the debt incurred?	Opened 03/18 Last Active 9/04/18	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this plain is for a community	☐ Student loans		

debt

■ No □ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

■ Other. Specify Credit Card

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Is the claim subject to offset?

 $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

2 Dara A Lawhun	Case number (if known)	
Genesis FS Card Services	Last 4 digits of account number	\$1,339.0
Nonpriority Creditor's Name		
PO Box 4477 Beaverton, OR 97076-4477	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
☐ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify	
I C System Inc	Last 4 digits of account number 6001	\$251.0
Nonpriority Creditor's Name		
Po Box 64378	When was the debt incurred? Opened 12/13	
Saint Paul, MN 55164 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	7.6 of the date you me, the stann is. Onesk an wat apply	
☐ Debtor 1 only	☐ Contingent	
■ Debtor 2 only	☐ Unliquidated	
_	·	
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another	Student loans	
☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other Specify Collection Attorney J B Schmelzer D. D. S.	
ID Pocovory		\$41.00
JP Recovery Nonpriority Creditor's Name	Last 4 digits of account number	\$41.0
PO Box 16749 Mazie, KY 41160-7490	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	□ Unliquidated	
■ Debtor 1 and Debtor 2 only	□ Disputed	
	= .=F =	

debt

■ No

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

☐ Student loans

Other. Specify

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 $\hfill\square$ Check if this claim is for a community

Is the claim subject to offset?

 $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

2 Dara A Lawhun		Case number (if known)	
Kohls/capone	Last 4 digits of account number	2084	\$994
Nonpriority Creditor's Name	_	0 107/15 1 14 1/1	
N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051	When was the debt incurred?	Opened 07/15 Last Active 8/16/18	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	Other. Specify Charge Acc	count	
Nationwide Children's Hospital Nonpriority Creditor's Name 700 Children's Hospital Columbus, OH 43205 Number Street City State Zip Code	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim	is: Check all that apply	\$5,500
Who incurred the debt? Check one.	_		
Debtor 1 only	Contingent		
Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify		
Ohio Edison	Land Batta of the state of the		\$197
Nonpriority Creditor's Name	Last 4 digits of account number		φισι
PO Box 3687 Akron, OH 44309-3637	When was the debt incurred?		
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
_	☐ Contingent		
L Deptor I only	. I COMMORNI		
☐ Debtor 1 only ☐ Debtor 2 only	-		
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	☐ Unliquidated ☐ Disputed		

debt

■ No
□ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

 \square Student loans

report as priority claims

Other. Specify

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☐ Check if this claim is for a community

Is the claim subject to offset?

 $\hfill \square$ Obligations arising out of a separation agreement or divorce that you did not

 \square Debts to pension or profit-sharing plans, and other similar debts

2 Dara A Lawhun	Case number (if known)		
Ohio Edison	Last 4 digits of account number	\$2,000	
Nonpriority Creditor's Name PO Box 3637	When was the debt incurred?		
Akron, OH 44309-3637 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
_	☐ Student loans		
☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts		
Yes	Other. Specify		
OhioHealth	Last 4 digits of account number	\$6,900	
Nonpriority Creditor's Name PO Box 183221 Columbus, OH 43218-3221	When was the debt incurred?		
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
☐ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	□ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
No	Debts to pension or profit-sharing plans, and other similar debts		
Yes	Other. Specify		
Paraan Piahan Sarviasa	Last 4 digits of account number 6455	\$35	
Parson Bishop Services Nonpriority Creditor's Name	Last 4 digits of account number 6455		
7870 Camargo Rd Cincinnati, OH 45243	When was the debt incurred? Opened 09/14		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.			
☐ Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		

Type of NONPRIORITY unsecured claim:

□ Check if this claim is for a community debt

□ Student loans
□ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
□ No
□ Debts to pension or profit-sharing plans, and other similar debts
□ Yes
□ Other. Specify Collection Attorney Proscan Radiology

☐ Disputed

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Schedule E/F: Creditors Who Have Unsecured Claims

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☐ Debtor 1 and Debtor 2 only

2 Dara A Lawhun		Case number (if known)			
Penn Credit Corporatio	Last 4 digits of account number	1018	\$1,058.0		
Nonpriority Creditor's Name 916 S 14th St	When was the debt incurred?	Opened 05/18			
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
☐ Debtor 1 only	☐ Contingent	□ Contingent			
■ Debtor 2 only					
☐ Debtor 1 and Debtor 2 only	☐ Disputed				
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
☐ Check if this claim is for a community	☐ Student loans				
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
Yes	■ Other. Specify Collection Edison	Attorney First Energyohio			
Syncb/sams Club	Last 4 digits of account number	3985	\$1,114.0		
Nonpriority Creditor's Name Po Box 965005 Orlando, FL 32896	When was the debt incurred?	Opened 02/16 Last Active 8/17/18			
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply			
Who incurred the debt? Check one.	• • • • • • • • • • • • • • • • • • • •	a contain an anal apply			
Debtor 1 only	☐ Contingent				
Debtor 2 only	☐ Unliquidated				
☐ Debtor 1 and Debtor 2 only	☐ Disputed				
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
☐ Check if this claim is for a community	☐ Student loans				
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
No	Debts to pension or profit-sharing	g plans, and other similar debts			
Yes	Other. Specify Charge Acc	count			
Syncb/tjx Cos	Last 4 digits of account number	4163	\$479.0		
Nonpriority Creditor's Name					
Po Box 965015 Orlando, FL 32896	When was the debt incurred?	Opened 01/16 Last Active 9/05/18			
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply			
Who incurred the debt? Check one.					
☐ Debtor 1 only	☐ Contingent				
■ Debtor 2 only	☐ Unliquidated				
☐ Debtor 1 and Debtor 2 only	☐ Disputed				
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			

Yes

Is the claim subject to offset?

debt

No

Official Form 106 E/F

 $\hfill\square$ Check if this claim is for a community

Schedule E/F: Creditors Who Have Unsecured Claims

☐ Student loans

report as priority claims

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■ Other. Specify Charge Account

 \square Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

	or 1 Shawn A Lawhun or 2 Dara A Lawhun		Case number (if known)			
.3	Tbom/tfc	Last 4 digits of account number	2347	\$932.00		
	Nonpriority Creditor's Name	_				
	Po Box 13306 Virginia Beach, VA 23464	When was the debt incurred?	Opened 8/25/17 Last Active 8/22/18			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	Other. Specify Charge Acc	count			
1.3	The Ohio State University			\$1,000.00		
6	Nonpriority Creditor's Name	Last 4 digits of account number		Ψ1,000.00		
	Wexner Medical Center 410 W. 10th Avenue Columbus, OH 43210	When was the debt incurred?				
	Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply			
	Who incurred the debt? Check one.	,				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	■ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts			
	☐ Yes	Other. Specify				
1.3	T. I			A747.00		
7	Tidewater Finance Company Nonpriority Creditor's Name	Last 4 digits of account number		\$717.00		
	PO Box 17308 Baltimore, MD 21297-1308	When was the debt incurred?				
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply			
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	■ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims				
	■ No	Debts to pension or profit-sharing	• •			
	☐ Yes	■ Other. Specify The Home Depot card				

Schedule E/F: Creditors Who Have Unsecured Claims

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Best Case Bankruptcy

	r 1 Shawn A Lawhun r 2 Dara A Lawhun	Case number (if known)				
4.3	Verizon	Last 4 digits of account number		\$3,000.00		
	Nonpriority Creditor's Name PO Box 26055 Minneapolis, MN 55426	When was the debt incurred?				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
□ de Is	■ Debtor 1 and Debtor 2 only					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing plans, and other similar debts				
	Yes	Other. Specify				
4.3 9	Wells Fargo Dealer Svc	Last 4 digits of account number	0793	\$9,084.00		
	Nonpriority Creditor's Name		Opened 09/46 Last Active			
	Po Box 1697 Winterville, NC 28590	When was the debt incurred?	Opened 08/16 Last Active 8/03/18			
	Number Street City State Zip Code	As of the date you file, the claim				
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims				
	■ No	Debts to pension or profit-sharin				
	Yes	■ Other. Specify Balance on 140,000 mil	repossesd 2011 GMC Sierra es			
4.4	Wf/preferr	Last 4 digits of account number	0325	\$6,329.00		
U	Nonpriority Creditor's Name			40,020.00		
	Po Box 14517 Des Moines, IA 50306	When was the debt incurred?	Opened 10/15 Last Active 9/06/18			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure				
	☐ Check if this claim is for a community	☐ Student loans				
	debt	Obligations arising out of a sepa				
	Is the claim subject to offset?	report as priority claims				
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts				
	Yes	■ Other Specify Charge Acc				

Part 3: List Others to Be Notified About a Debt That You Already Listed

Schedule E/F: Creditors Who Have Unsecured Claims

Official Form 106 E/F

Page 14 of 15

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

Debtor 1 Shawn A Lawhun Debtor 2 Dara A Lawhun		Case number (if known)
have more than one creditor for any of the debts to notified for any debts in Parts 1 or 2, do not fill out		dditional creditors here. If you do not have additional persons to be
Name and Address DNF Associates 2351 N Forest Rd Ste 110 Getzville, NY 14068	On which entry in Part 1 or Part 2 did y Line 4.23 of (<i>Check one</i>):	rou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
3012VIII0, 141 14000	Last 4 digits of account number	
Name and Address Marion General Hospital PO Box 715160 Columbus, OH 43271-5160	On which entry in Part 1 or Part 2 did y Line 4.25 of (Check one): Last 4 digits of account number	rou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address OSU Physicians PO Box 740727 Cincinnati, OH 45274-0727	On which entry in Part 1 or Part 2 did y Line 4.12 of (Check one): Last 4 digits of account number	rou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address OSU Physicians PO Box 740727 Cincinnati, OH 45274-0727	On which entry in Part 1 or Part 2 did y Line 4.13 of (Check one): Last 4 digits of account number	rou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Riverside Radiology & Intervention P.O. Box 713815 Cincinnati, OH 45271-3815	On which entry in Part 1 or Part 2 did y Line 4.16 of (Check one): Last 4 digits of account number	ou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

tain other debts you owe the government th or personal injury while you were intoxicated other priority unsecured claims. Write that amount here.	6a. 6b. 6c. 6d.	\$ \$ \$	0.00 0.00 0.00
th or personal injury while you were intoxicated	6c.	\$	
th or personal injury while you were intoxicated	6c.	\$	
		·	0.00
other priority unsecured claims. Write that amount here.	6d.	\$	
			0.00
Add lines 6a through 6d.	6e.	\$	0.00
			otal Claim
	6f.	\$	12,085.00
ising out of a separation agreement or divorce that	6g.	\$	0.00
and the contract of the contra	6h.	\$	0.00
on or profit-sharing plans, and other similar debts	6i.	\$	73,795.00
on or profit-sharing plans, and other similar debts other nonpriority unsecured claims. Write that amount			85,880.00
			ity. Add lines 6f through 6i.

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 15 of 15

Best Case Bankruptcy

Fill in this infor	rmation to identify your	case:		
Debtor 1	Shawn A Lawhur	1		
	First Name	Middle Name	Last Name	
Debtor 2	Dara A Lawhun			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF OHIO	
Case number				
(if known)				☐ Check if this is an
				amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

P	erson or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	Progressive Leasing 256 West Data Drive Draper, UT 84020	Lease agreement for furniture purchased from Ashley Furniture
2.2	Progressive Leasing 256 West Data Drive Draper, UT 84020	Furniture purchased through Big Lots

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Page 1 of 1

Fill in this	information to identify your	case:			
Debtor 1	Shawn A Lawhun				
Debtor 2	First Name Dara A Lawhun	Middle Name	Last Name		
(Spouse if, filing		Middle Name	Last Name		
United Sta	ites Bankruptcy Court for the:	NORTHERN DISTRICT	OF OHIO		
Case num	ber				
(if known)					Check if this is an amended filing
O.(;; ;					
	I Form 106H	•			
Sched	lule H: Your Cod	ebtors			12/15
	and case number (if known) you have any codebtors? (If y			as a codebtor.	
■ No □ Yes	6				
Arizon No.	hin the last 8 years, have you ha, California, Idaho, Louisiana, Go to line 3. S. Did your spouse, former spouse,	Nevada, New Mexico, Pu	ierto Rico, Texas, Wash		states and territories include
in line Form out Co	2 again as a codebtor only i	that person is a guarar	ntor or cosigner. Make	sure you have listed the	g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill ditor to whom you owe the debt
	Name, Number, Street, City, State and ZI	P Code		Check all schedule	
3.1				☐ Schedule D, line	e
	Name			☐ Schedule E/F, li	
				☐ Schedule G, line	
-	Number Street				
	City	State	ZIP Code		
3.2				☐ Schedule D, line	9
	Name			☐ Schedule E/F, li	
				☐ Schedule G, line	
-	Number Street			_	
	City	State	ZIP Code		

Schedule H: Your Codebtors

Fill	in this information to identify you	r case:								
De	btor 1 Shawn A	Lawhun								
	btor 2 Dara A La	whun								
Un	ited States Bankruptcy Court for	the: NORTHERN DISTRI	CT OF OHIO		_					
	se number 		-			☐ An		d filing ent showin	g postpetition	
\cap	fficial Form 106I								ollowing date:	
	chedule I: Your In	come				MN	1 / DD/ Y	YYY		12/15
sup spo atta	as complete and accurate as p plying correct information. If y use. If you are separated and y ch a separate sheet to this for the Describe Employme	ou are married and not fili our spouse is not filing w n. On the top of any additi	ng jointly, and your ith you, do not inclu	spouse ude infor	is liv mati	ing with y on about y	ou, inclu our spo	ude inforn use. If mo	nation about ore space is	your needed,
1.	Fill in your employment information.		Debtor 1			1	Debtor 2	or non-fi	ling spouse	
	If you have more than one job,	Employment status	■ Employed				☐ Emplo	yed		
	attach a separate page with information about additional employers.	Employment status	☐ Not employed			I	Not e	mployed		
		Occupation	Crane Operator	r						
	Include part-time, seasonal, or self-employed work.	Employer's name	Nucor Steel Ma	rion Inc	;					
	Occupation may include stude or homemaker, if it applies.	Employer's address	912 Cheney Av Marion, OH 433							
		How long employed t	here? 8 years	S			_			
Pa	rt 2: Give Details About M	onthly Income								
	imate monthly income as of the use unless you are separated.	e date you file this form. If	you have nothing to	report for	any	line, write S	0 in the	space. Ind	clude your nor	n-filing
•	ou or your non-filing spouse have e space, attach a separate sheel		ombine the information	on for all	empl	oyers for th	at perso	n on the li	nes below. If y	you need
						For Debt	or 1		btor 2 or ng spouse	
2.	List monthly gross wages, so deductions). If not paid month			2.	\$	8,6	32.00	\$	0.00	
3.	Estimate and list monthly ov	ertime pay.		3.	+\$		0.00	+\$	0.00	
4.	Calculate gross Income. Add	l line 2 + line 3.		4.	\$	8,632	2.00	\$	0.00	

Case number (if known)

				F	or Debtor 1			Debtor n-filing s		
	Copy	y line 4 here	4.	\$	8,632	.00	\$		0.00	_
5.	List a	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	1,772	.00	\$		0.00	
	5b.	Mandatory contributions for retirement plans	5b.	\$.00	\$		0.00	_
	5c.	Voluntary contributions for retirement plans	5c.	\$	0	.00	\$_		0.00	_
	5d.	Required repayments of retirement fund loans	5d.	\$	0	.00	\$_		0.00	_
	5e.	Insurance	5e.	\$	146	.00	\$		0.00	_
	5f.	Domestic support obligations	5f.	\$	0	.00	\$_		0.00	_
	5g.	Union dues	5g.	\$	0	.00	\$		0.00	_
	5h.	Other deductions. Specify: Fitness	5h.+	\$	33	.00	+ \$ _		0.00	_
		United Way donation		\$	3	.00	\$_		0.00	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,954	.00	\$_		0.00	_
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	6,678	.00	\$_		0.00	_
8.	List a 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$; o	.00	\$		0.00	
	8b.	Interest and dividends	8b.	\$	-	.00	\$_		0.00	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$. 0	.00	\$		0.00	_
	8d.	Unemployment compensation	8d.	\$	0	.00	\$	-	0.00	=
	8e.	Social Security	8e.	\$.00	\$_		0.00	_
	8f. 8g. 8h.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify:	8f. 8g. 8h.+	\$	0	.00.00	\$_ \$_ + \$		0.00 0.00 0.00	_
	· · · ·					.00	_			_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	0	.00	\$_		0.0	0
10.	Calc	ulate monthly income. Add line 7 + line 9.	10. \$		6,678.00	+ \$		0.00	= \$	6,678.00
	Add t	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	-		·	-				· ·
11.	Include other	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives. of include any amounts already included in lines 2-10 or amounts that are not iffy:	depend						e <i>J</i> . +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The resent that amount on the Summary of Schedules and Statistical Summary of Certales						12.	\$	6,678.00
13.		ou expect an increase or decrease within the year after you file this form	?						Combi month	ned ly income
		No. Yes. Explain: Spouse has been on medical leave since 8/22/18	Uar	le e		4	2/24/	/40 CI-		no441m
		Yes. Explain: Spouse has been on medical leave since 8/22/18 \$650 gross biweekly less taxes and some insura		ıea	ive pay ran	out 1	ZI Z41	10. SN	e was (yetting

Official Form 106l Schedule I: Your Income page 2

	·						
Debtor 1	information to identify your Shawn A La				Chack	if this is:	
Debtor 1	Silawii A La	wiiuii				an amended filing	
Debtor 2 (Spouse, if	Dara A Lawh	nun					ving postpetition chapter the following date:
United State	es Bankruptcy Court for the	: NORTHERN DIS	TRICT OF OHIC)	<u> </u>	MM / DD / YYYY	
Case numb (If known)	er		_				
Officia	al Form 106J						
Sche	dule J: Your	Expenses					12/15
information	mplete and accurate as on. If more space is ne if known). Answer evel	eded, attach anoth					
Part 1:	Describe Your House is a joint case?	ehold					
	o. Go to line 2.						
_	es. Does Debtor 2 live	in a separate house	ehold?				
	■ No	·		s for Separate Househ	old of Debto	or 2.	
2. Do y	ou have dependents?	□No		•			
Do n Debt	ot list Debtor 1 and or 2.	YAS	is information for endent	Dependent's relation Debtor 1		Dependent's age	Does dependent live with you?
	ot state the			Grandson		•	□ No
aepe	ndents names.			Grandson		0	■ Yes □ No
				Grandson		2	■ Yes
				Cronddoughtor		2	□ No
				Granddaughter		3	■ Yes □ No
				Daughter		13	■ Yes
							□ No
				Daughter		15	■ Yes □ No
				Daughter		17	■ Yes
							□No
				Daughter		24	■ Yes
expe	our expenses include enses of people other t self and your depende						
Part 2:	Estimate Your Ongoi	ng Monthly Expens	es				
							pter 13 case to report f the form and fill in the
the value	xpenses paid for with of such assistance an Form 106I.)					Your exp	enses
4. The paym	rental or home owners nents and any rent for th	ship expenses for year	our residence.	nclude first mortgage	4. \$		1,561.00
If no	t included in line 4:						
4a.	Real estate taxes				4a. \$		0.00
Official For	m 106J		Schedule	J: Your Expenses			page 1

Debt Debt	· · · · · · · · · · · · · · · · · · ·	Case number (if known)	
	4b. Property, homeowner's, or renter's insurance	4b. \$	0.00
	4c. Home maintenance, repair, and upkeep expenses	4c. \$	100.00
	4d. Homeowner's association or condominium dues	4d. \$	0.00
5.	Additional mortgage payments for your residence, such as home equity loans	5. \$	0.00

-	awn A Lawhun ra A Lawhun	Case num	ber (if known)	
Utilities:				
	ctricity, heat, natural gas	6a.	\$	480.00
	ter, sewer, garbage collection	6b.		227.00
	ephone, cell phone, Internet, satellite, and cable services	6c.	·	501.00
	ner. Specify:	6d.	*	0.00
	d housekeeping supplies	7.		1,500.00
	e and children's education costs	8.	·	300.00
	, laundry, and dry cleaning	9.	· -	300.00
_	care products and services	10.	· -	300.00
	and dental expenses	11.	·	200.00
	rtation. Include gas, maintenance, bus or train fare.			200.00
•	clude car payments.	12.	\$	500.00
	ment, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
	le contributions and religious donations	14.	\$	0.00
Insuranc	e.		-	
Do not in	clude insurance deducted from your pay or included in lines 4 or 20.			
15a. Life	e insurance	15a.	\$	0.00
15b. He	alth insurance	15b.	\$	0.00
15c. Ve	hicle insurance	15c.	\$	147.00
15d. Oth	ner insurance. Specify:	15d.	\$	0.00
	o not include taxes deducted from your pay or included in lines 4 or 20.			
Specify:	, , ,	16.	\$	0.00
	ent or lease payments:			
17a. Ca	r payments for Vehicle 1	17a.	\$	424.00
17b. Ca	r payments for Vehicle 2	17b.	\$	0.00
17c. Oth	ner. Specify:	17c.	\$	0.00
17d. Oth	ner. Specify:	17d.	\$	0.00
Your pay	ments of alimony, maintenance, and support that you did not report as	s	_	
	I from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	·	0.00
_	yments you make to support others who do not live with you.		\$	0.00
Specify:		19.		
	al property expenses not included in lines 4 or 5 of this form or on Sch			
	rtgages on other property	20a.		0.00
	al estate taxes	20b.		0.00
	perty, homeowner's, or renter's insurance	20c.	\$	0.00
20d. Ma	intenance, repair, and upkeep expenses	20d.	\$	0.00
20e. Ho	meowner's association or condominium dues	20e.	\$	0.00
Other: Sp	pecify:	21.	+\$	0.00
Calculate	your monthly expenses			
	lines 4 through 21.		\$	6.640.00
	y line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	0,040.00
•				
22c. Add	line 22a and 22b. The result is your monthly expenses.		\$	6,640.00
Calculate	e your monthly net income.			J
	py line 12 (your combined monthly income) from Schedule I.	23a.	\$	6,678.00
	py your monthly expenses from line 22c above.	23b.	·	6,640.00
200. 00	by your monthly expenses non-line 22c above.	200.	Ψ	0,040.00
23c. Sul	otract your monthly expenses from your monthly income.			
	e result is your <i>monthly net income</i> .	23c.	\$	38.00
	•	ou filo thio	form?	
	xpect an increase or decrease in your expenses within the year after y le, do you expect to finish paying for your car loan within the year or do you expect you			rease or decrease because of
modificatio	n to the terms of your mortgage?		-	
■ No.				

Fill in this infor	mation to identify your	case.				
Debtor 1	Shawn A Lawhur First Name	Middle Name	Las	Name		
Debtor 2	Dara A Lawhun	Wildele Hame	Las	Traine		
(Spouse if, filing)	First Name	Middle Name	Las	Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF OHIO			
Case number						
(if known)					☐ Check if this is a amended filing	an
If two married p You must file th obtaining mone years, or both. 1	tion About a	n connection with a bank	onsible for s	upplying correct inforn		
Did you pa	ay or agree to pay some	one who is NOT an atto	rney to help	you fill out bankruptcy	forms?	
■ No						
☐ Yes.	Name of person				Attach <i>Bankruptcy Petition Preparer's a</i> Declaration, and Signature (Official Fo	
	alty of perjury, I declare re true and correct.	that I have read the sum	nmary and s	chedules filed with this	declaration and	
X /s/ Sha	awn A Lawhun		Х	/s/ Dara A Lawhun		
Shawr	n A Lawhun			Dara A Lawhun		
Signatu	re of Debtor 1			Signature of Debtor 2		
Date	June 25, 2019			Date June 25, 201 9)	

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

Fill i	n this inforn	nation to identify you	r case:			
Debt	or 1	Shawn A Lawhu	ın			
		First Name	Middle Name	Last Name		
Debt (Spous	or 2 se if, filing)	Dara A Lawhun First Name	Middle Name	Last Name		
		nkruptcy Court for the:	NORTHERN DISTRICT (OF OHIO		
Ornic	od Oldico Ba	intropiety Court for the.	- NOTTHE LATE OF THE PARTY OF T	01.110		
Case (if know	number _				пс	heck if this is an
						mended filing
Off	icial Fo	rm 107				
			Affairs for Individ	duals Filing for B	ankruptcy	4/19
					equally responsible for sup	olving correct
inforr	mation. If m	ore space is needed,	attach a separate sheet to		additional pages, write you	
numb	er (if knowi	n). Answer every que	stion.			
Part	1: Give D	Details About Your Ma	arital Status and Where You	ı Lived Before		
1. \	What is you	r current marital statu	ıs?			
ı	Married					
Ī	□ Not mar					
2. I	During the I	ast 3 years have you	lived anywhere other than	where you live now?		
	Juling the h	ust o years, nave you	iived allywhere other than	where you live how.		
	No					
I	☐ Yes. Lis	t all of the places you l	lived in the last 3 years. Do no	ot include where you live nov	<i>l</i> .	
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ac	dress:	Dates Debtor 2 lived there
					ity property state or territory ico, Texas, Washington and W	
	_				3	,
	■ No	alia anno man fill and Cal	hadula II. Varin Cadabtana (C	#:cial Farm 40011)		
	⊔ Yes. Ma	ake sure you fill out Sci	hedule H: Your Codebtors (O	miciai Form 106H).		
Part	2 Explai	in the Sources of You	r Income			
4. I	Did you bay	e any income from er	mployment or from operatir	na a husiness durina this w	ear or the two previous caler	ndar vears?
F	Fill in the tota	al amount of income yo	ou received from all jobs and a	all businesses, including part	time activities.	idai years:
ı	f you are filir	ng a joint case and you	have income that you receiv	e together, list it only once ur	der Debtor 1.	
I	□ No					
I	Yes. Fil	I in the details.				
			Debtor 1		Debtor 2	
			Sources of income	Gross income	Sources of income	Gross income
			Check all that apply.	(before deductions and	Check all that apply.	(before deductions
_				exclusions)		and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$25,896.00	■ Wages, commissions, bonuses, tips	\$1,776.00
			_		. ,	
			Operating a business		Operating a business	

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

Best Case Bankruptcy

				Debtor 1			Debtor 2		
				Sources of income Check all that app	ly. (be	ross income efore deductions and clusions)	Sources of i Check all tha		Gross income (before deductions and exclusions)
	r last calen anuary 1 to	dar year: December	31, 2018)	■ Wages, commi	issions,	\$94,194.00	■ Wages, c bonuses, tips	ommissions,	\$18,693.00
				☐ Operating a bu	siness		☐ Operating	a business	
		dar year be December		■ Wages, commi	issions,	\$90,000.00	■ Wages, c bonuses, tips	ommissions,	\$15,398.00
				☐ Operating a bu	siness		☐ Operating	a business	
	and other winnings. List each s	public bene If you are fili	fit payments; ng a joint cas he gross inco	pensions; rental inc se and you have inc	ome; interest; come that you re		ected from lawsui it only once under	ts; royalties; ar Debtor 1.	Security, unemployment, and gambling and lottery
				Debtor 1			Debtor 2		
				Sources of incomposcribe below.	ea (be	ross income from ch source efore deductions and clusions)	Sources of i Describe bel		Gross income (before deductions and exclusions)
Pa	rt 3: List	Certain Pa	yments You	Made Before You	Filed for Bank	ruptcy			
6.	Are either ☐ No.	Neither De	ebtor 1 nor D	's debts primarily of bebtor 2 has primar personal, family, or	rily consumer	debts. Consumer de	ebts are defined in	11 U.S.C. § 10	01(8) as "incurred by an
		•	90 days befo	re you filed for bank	ruptcy, did you	pay any creditor a to	otal of \$6,825* or r	more?	
		□ No.	Go to line 7	•					
		☐ Yes	paid that cre not include	editor. Do not includ payments to an atto	le payments for orney for this ba		oligations, such as	child support	and alimony. Also, do
	■ Yes.			r both have priman ore you filed for bank	•	debts. pay any creditor a to	otal of \$600 or mo	re?	
		□ _{No.}	Go to line 7						
		■ Yes	List below e	each creditor to who	support obligat	otal of \$600 or more a ions, such as child so			at creditor. Do not include payments to an
	Creditor'	s Name and	d Address	Dates	of payment	Total amount paid	Amount you		payment for
The Money Source Inc 500 S Broad St Meriden Meriden, CT 06450		Month of \$1,	nly payments 561	•	\$199,314.00	■ Mortga □ Car □ Credit □ Loan F	Card Repayment ers or vendors		

Statement of Financial Affairs for Individuals Filing for Bankruptcy

		Amount y still o				
	Credit Acceptance Corp PO Box 551888 Detroit, MI 48255-1888	Monthly payments of \$424	\$1,272.00	\$21,634.	■ Car □ Credit Ca □ Loan Re	ard
7.	Within 1 year before you filed for bankrupto Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 11 alimony.	rtners; relatives of any gen control, or owner of 20% o	eral partners; partner r more of their voting	erships of whi g securities; a	ch you are a genera and any managing a	al partner; corporations agent, including one for
	■ No □ Yes. List all payments to an insider.					
	☐ Yes. List all payments to an insider. Insider's Name and Address	Dates of payment	Total amount paid	Amount y		this payment
8.	Within 1 year before you filed for bankrupto insider? Include payments on debts guaranteed or cosi No Yes. List all payments to an insider		ments or transfer a	any property	on account of a d	ebt that benefited an
	Insider's Name and Address	Dates of payment	Total amount	Amount y	ou Reason for	this payment
		zatoo o. payo	paid	still o		
Pai	t 4: Identify Legal Actions, Repossession	s, and Foreclosures				
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details.	cases, small claims action	s, divorces, collectio		nity actions, suppor	t or custody
	Case title Case number	Nature of the case	Court or agency		Status of th	ne case
10.	Within 1 year before you filed for bankrupto Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below.		erty repossessed, f	oreclosed, g	arnished, attached	d, seized, or levied?
	Creditor Name and Address	Describe the Property		1	Date	Value of the
		Explain what happened	1			property
	Wells Fargo Dealer Svc Po Box 1697 Winterville, NC 28590	■ Property was reposse □ Property was foreclos □ Property was garnish □ Property was attached	00 Pickup 140,000 essed. eed. eed.	0 miles	12/2018	\$11,339.00

Statement of Financial Affairs for Individuals Filing for Bankruptcy

	Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
	Chrysler Capital Po Box 961275 Fort Worth, TX 76161	2018 Dodge Journey 6,000 miles Creditor repossessed and then sold on 5/21/19	4/2019	\$20,666.00
		Property was repossessed.		
		Property was foreclosed.		
		Property was garnished.		
		☐ Property was attached, seized or levied.		
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment bec No Yes. Fill in the details.	otcy, did any creditor, including a bank or financial in ause you owed a debt?	stitution, set off any a	amounts from your
	Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
	Internal Revenue Service PO Box 9019	Offset \$459 from federal tax refund for 2016 back taxes owed	3/11/19	\$459.00
	Holtsville, NY 11742-9019	Last 4 digits of account number:3336		
	Kentucky Department of Revenue 501 High Street Frankfort, KY 40601	3/2019	\$3,500.00	
12.	Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or a	cy, was any of your property in the possession of an another official?	assignee for the bend	efit of creditors, a
	□ Yes			
Par	List Certain Gifts and Contributions			
13.		tcy, did you give any gifts with a total value of more t	han \$600 per person	?
	Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and Address:			
14.	Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift or con	tcy, did you give any gifts or contributions with a total tribution.	al value of more than	\$600 to any charity?
	Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 Debtor 2							
Part 6:	List Certain Losses						
	nin 1 year before you filed for bankru ambling?	iptcy or	since you filed for bankruptcy, did y	ou lose anyt	hing because of thef	t, fire, other disaster,	
	No Yes. Fill in the details.						
	scribe the property you lost and w the loss occurred	Include	the amount that insurance has paid. Loc claims on line 33 of Schedule A/B:	ist pending	Date of your loss	Value of property lost	
Part 7:	List Certain Payments or Transfers	s					
con	hin 1 year before you filed for bankru sulted about seeking bankruptcy or ude any attorneys, bankruptcy petition p	preparin	g a bankruptcy petition?			rty to anyone you	
	No						
	Yes. Fill in the details.						
Ad Em	rson Who Was Paid dress ail or website address rson Who Made the Payment, if Not \	′ ou	Description and value of any prop transferred	erty	Date payment or transfer was made	Amount of payment	
13 ⁻ Ma	Elizabeth Martindell, Esq. LLC 1 S. Prospect St. Irion, OH 43302 zabethMartindell@gmail.com		Attorney Fees and costs			\$1,065.00	
13 [.] Ma	Elizabeth Martindell, Esq. LLC 1 S. Prospect St. Irion, OH 43302 zabethMartindell@gmail.com		Court costs			\$335.00	
pro	nin 1 year before you filed for bankru mised to help you deal with your cre not include any payment or transfer that	ditors or	to make payments to your creditor		r transfer any prope	rty to anyone who	
_	No						
□ Dec	Yes. Fill in the details.		Decement on and value of any man		Data was was and	Am aunt of	
	rson Who Was Paid dress		Description and value of any prop transferred	erty	Date payment or transfer was made	Amount of payment	
tran Incli	nin 2 years before you filed for bankr esferred in the ordinary course of you ade both outright transfers and transfers ade gifts and transfers that you have alr No Yes. Fill in the details.	u r busin e s made a	ess or financial affairs? s security (such as the granting of a s				
	rson Who Received Transfer		Description and value of		any property or	Date transfer was	
	dress		property transferred	payments paid in exc	received or debts change	made	
	rson's relationship to you						
ben ■	hin 10 years before you filed for bank eficiary? (These are often called asset No			elf-settled tru	st or similar device	of which you are a	
□ Na	Yes. Fill in the details. me of trust		Description and value of the propo	erty transferre	ed	Date Transfer was	
						made	

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Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 5

Best Case Bankruptcy

Par	List of Certain Financial Accounts, I	nstruments, Safe Depo	sit Boxes, and S	Storage Uni	ts		
20.	Within 1 year before you filed for bankrupt sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, assolution No Yes. Fill in the details.	or other financial acco	ounts; certificate	s of depos	•		
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument		Date account was closed, sold, moved, or transferred	Last balance before closing or transfer	
	Chase Bank 340 South Cleveland Avenue Bldg. 370 Westerville, OH 43061	xxxx-	■ Checking □ Savings □ Money Ma □ Brokerage □ Other		12/2018	\$200.00	
	Chase Bank 340 South Cleveland Avenue Bldg. 370 Westerville, OH 43061	xxxx-	■ Checking □ Savings □ Money Ma □ Brokerage □ Other		2/1/19	\$0.00	
	Huntington Bank 150 S State St Marion, OH 43302	xxxx-	■ Checking □ Savings □ Money Ma □ Brokerage □ Other_		4/11/19	\$0.00	
	Huntington Bank 150 S State St Marion, OH 43302	XXXX-	☐ Checking ■ Savings ☐ Money Ma ☐ Brokerage ☐ Other		4/11/19	\$0.00	
21.	Do you now have, or did you have within 1 cash, or other valuables?	year before you filed f	or bankruptcy, a	any safe de	posit box or other depo	ository for securities,	
	■ No □ Yes. Fill in the details.						
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had a Address (Number State and ZIP Code)		Describe	the contents	Do you still have it?	
22.	Have you stored property in a storage unit No	or place other than yo	ur home within	1 year befo	re you filed for bankrup	otcy?	
	☐ Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has o to it? Address (Number State and ZIP Code)		Describe	the contents	Do you still have it?	
		Address (Number State and ZIP Code)	r, Street, City,				

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Par	t 9: Identify Property You Hold or Control for	Someone Else			
23.	Do you hold or control any property that someo for someone.	ne else owns? Include any proper	ty you borrowed from, are storing fo	r, or hold in trust	
	No				
	Yes. Fill in the details.				
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value	
Par	t 10: Give Details About Environmental Informa	ation			
For	the purpose of Part 10, the following definitions	apply:			
	Environmental law means any federal, state, or toxic substances, wastes, or material into the air regulations controlling the cleanup of these substances.	ir, land, soil, surface water, ground	<u> </u>		
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal	-	law, whether you now own, operate,	or utilize it or used	
	Hazardous material means anything an environment hazardous material, pollutant, contaminant, or s		s waste, hazardous substance, toxic	substance,	
Rep	ort all notices, releases, and proceedings that yo	ou know about, regardless of wher	n they occurred.		
24.	Has any governmental unit notified you that you	ı may be liable or potentially liable	under or in violation of an environm	ental law?	
	■ No □ Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice	
25.	Have you notified any governmental unit of any	release of hazardous material?			
	■ No □ Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice	
26.	Have you been a party in any judicial or adminis	strative proceeding under any envi	ronmental law? Include settlements	and orders.	
	■ No				
	Yes. Fill in the details.				
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case	
Par	t 11: Give Details About Your Business or Con	nections to Any Business			
27.	Within 4 years before you filed for bankruptcy, of	did you own a business or have ar	ny of the following connections to an	y business?	
	☐ A sole proprietor or self-employed in a t	rade, profession, or other activity,	either full-time or part-time		
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)				
	☐ A partner in a partnership	. , , , , , , , , , , , , , , , , , , ,	,		
	☐ An officer, director, or managing execut	ive of a corporation			
	☐ An owner of at least 5% of the voting or	-			

Statement of Financial Affairs for Individuals Filing for Bankruptcy

	btor 1 Shawn A Lawhun Dara A Lawhun	Ca	ase number (if known)
	■ No. None of the above applies. Go to □ Yes. Check all that apply above and f	Part 12. ill in the details below for each business.	
	Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
28.	Within 2 years before you filed for bankruinstitutions, creditors, or other parties. No Yes. Fill in the details below.	ptcy, did you give a financial statement to a	anyone about your business? Include all financial
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued	
Par	rt 12: Sign Below		
l havare s	ve read the answers on this Statement of F	a false statement, concealing property, or	declare under penalty of perjury that the answers obtaining money or property by fraud in connection ears, or both.
l havare with	ve read the answers on this Statement of F true and correct. I understand that making a bankruptcy case can result in fines up to J.S.C. §§ 152, 1341, 1519, and 3571.	a false statement, concealing property, or o o \$250,000, or imprisonment for up to 20 ye	obtaining money or property by fraud in connection
l havare with	ve read the answers on this Statement of F true and correct. I understand that making a a bankruptcy case can result in fines up to	a false statement, concealing property, or	obtaining money or property by fraud in connection
l havare with 18 U	ve read the answers on this Statement of F true and correct. I understand that making a bankruptcy case can result in fines up to J.S.C. §§ 152, 1341, 1519, and 3571. Shawn A Lawhun	a false statement, concealing property, or o \$250,000, or imprisonment for up to 20 ye	obtaining money or property by fraud in connection
l havare with 18 U	ve read the answers on this Statement of F true and correct. I understand that making a bankruptcy case can result in fines up to J.S.C. §§ 152, 1341, 1519, and 3571. Shawn A Lawhun awn A Lawhun gnature of Debtor 1	a false statement, concealing property, or o \$250,000, or imprisonment for up to 20 ye /s/ Dara A Lawhun Dara A Lawhun	obtaining money or property by fraud in connection
l har are with 18 U /s/ Sh Sig	ve read the answers on this <i>Statement of F</i> true and correct. I understand that making a bankruptcy case can result in fines up to J.S.C. §§ 152, 1341, 1519, and 3571. Shawn A Lawhun awn A Lawhun pnature of Debtor 1 te	a false statement, concealing property, or o \$250,000, or imprisonment for up to 20 years /s/ Dara A Lawhun Dara A Lawhun Signature of Debtor 2 Date June 25, 2019	obtaining money or property by fraud in connection ears, or both.

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Fill in this inform	nation to identify your	case:			
Debtor 1	Shawn A Lawhur				
Debior 1	First Name	Middle Name	Last Name		
Debtor 2	Dara A Lawhun				
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	inkruptcy Court for the:	NORTHERN DISTRIC	T OF OHIO		
Case number					
(if known)				☐ Check if this is an	
				amended filing	
Official Fo	rm 100				
Official Fo					
Statemer	nt of Intentio	n for Individ	uals Filing Under (Chapter 7 12/15	
If you are an indi	ividual filing under cha	pter 7, you must fill out	this form if:		
creditors have	e claims secured by yo	ur property, or			
		and the lease has not ex			
	ever is earlier, unless th			the date set for the meeting of creditors, copies to the creditors and lessors you list	
If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.					

Part 1: List Your Creditors Who Have Secured Claims

write your name and case number (if known).

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages,

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's Credit Acceptance Corp name:	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No
Description of property securing debt: 2016 Honda Odyssey 95000 miles	■ Retain the property and enter into a Reaffirmation Agreement.□ Retain the property and [explain]:	■ Yes
Creditor's The Money Source Inc name:	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No
Description of property securing debt: 655 Bexley Avenue Marion, OH 43302 Marion County	■ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]:	Yes

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

page 1

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Best Case Bankruptcy

Debtor 1 Debtor 2		—	Case number (if known)
Lessor's	name:	Progressive Leasing	■ No
			☐ Yes
Descript Property	ion of leased	Lease agreement for furniture p	rchased from Ashley Furniture
Lessor's	name:	Progressive Leasing	■ No
			☐ Yes
Descript Property	ion of leased	Furniture purchased through Bi	Lots
Part 3:	Sign Below		
		ry, I declare that I have indicated my to an unexpired lease.	ntention about any property of my estate that secures a debt and any personal
	Shawn A La		X /s/ Dara A Lawhun
	awn A Lawh nature of Debte	****	Dara A Lawhun Signature of Debtor 2
Da	te lune 2	5 2010	Date June 25, 2010

Statement of Intention for Individuals Filing Under Chapter 7

page 2

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Debtor 1	Shawn A Lawhun	12
Debtor 2 (Spouse, if filing)	Dara A Lawhun	-
	Bankruptcy Court for the: Northern District of Ohio	_
Case number (if known)		-
Official F	Form 122A - 1	

ck one box only as directed in this form and in Form A-1Supp:

- 1. There is no presumption of abuse
- \square 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A-2).
- \square 3. The Means Test does not apply now because of qualified military service but it could apply later.

Column B

☐ Check if this is an amended filing

ome

12/15

ly responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.

Part 1: **Calculate Your Current Monthly Income**

- 1. What is your marital and filing status? Check one only.
 - □ Not married. Fill out Column A, lines 2-11.
 - Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
 - ☐ Married and your spouse is NOT filing with you. You and your spouse are:
 - ☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
 - ☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Column A

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

					Debt	or 1	 or 2 or iling spouse
2.	Your gross wages, salary, tips, bonuses, overtime, payroll deductions).	and co	ommissi	ons (before all	\$	8,632.00	\$ 296.00
3.	Alimony and maintenance payments. Do not include Column B is filled in.	payme	ents from	a spouse if	\$	0.00	\$ 0.00
4.	All amounts from any source which are regularly part of you or your dependents, including child support from an unmarried partner, members of your household and roommates. Include regular contributions from a spilled in. Do not include payments you listed on line 3.	. Includ d, your	de regula depende	r contributions ents, parents,	\$	0.00	\$ 0.00
5.	Net income from operating a business, profession,	or fari	m				
			Del	otor 1			
	Gross receipts (before all deductions)	\$	0.00				
	Ordinary and necessary operating expenses	-\$	0.00				
	Net monthly income from a business, profession, or far	m \$	0.00	Copy here ->	\$	0.00	\$ 0.00
6.	Net income from rental and other real property	_			-		
			Del	otor 1			
	Gross receipts (before all deductions)	\$	0.00				
	Ordinary and necessary operating expenses	- \$	0.00				
	Net monthly income from rental or other real property	\$	0.00	Copy here ->	\$	0.00	\$ 0.00
7.	Interest, dividends, and royalties	_			\$	0.00	\$ 0.00
١	· · · · · · · · · · · · · · · · · · ·						

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

page 1

Best Case Bankruptcy

Case number (if known)

				Column A Debtor 1		Column B Debtor 2 or non-filing s	
8.	Unemployment compensation			\$	0.00	\$	0.00
	Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here:	received was a ber	nefit under				
	For you \$		0.00				
	For your spouse \$		0.00				
9.	Pension or retirement income. Do not include any ambenefit under the Social Security Act.		was a	\$	0.00	\$	0.00
10	Income from all other sources not listed above. Spe Do not include any benefits received under the Social S received as a victim of a war crime, a crime against hur domestic terrorism. If necessary, list other sources on a total below.	Security Act or paym nanity, or internatior	ents nal or				
	Annual Profit Share Bonus Check			\$	434.00	\$	0.00
				\$	0.00	\$	0.00
	Total amounts from separate pages, if any.		+	\$	0.00	\$	0.00
11.	Calculate your total current monthly income. Add line each column. Then add the total for Column A to the total for Column		\$	9,066.00	+ \$_	296.00	\$ 9,362.00
							Total current monthly income
Part	2: Determine Whether the Means Test Applies to	o You					
12.	Calculate your current monthly income for the year.	Follow these steps	<u>.</u>				
	12a. Copy your total current monthly income from line 1	1		Сор	y line 11 l	here=>	\$9,362.00_
	Multiply by 12 (the number of months in a year)						x 12
	12b. The result is your annual income for this part of the	e form				12b	. \$ 112,344.00
13.	Calculate the median family income that applies to	you. Follow these st	teps:				
	Fill in the state in which you live.	ОН					
	Fill in the number of people in your household.	9					
	Fill in the median family income for your state and size					13.	\$134,454.00
	To find a list of applicable median income amounts, go for this form. This list may also be available at the bank			in the separ	ate instruc	tions	
14	How do the lines compare?						
	14a. Line 12b is less than or equal to line 13. O Go to Part 3.	n the top of page 1,	check box	1, There is	no presun	nption of abus	e.
	14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.	f page 1, check box	2, The pre	esumption o	of abuse is	determined by	y Form 122A-2.
Part	3: Sign Below						
	By signing here, I declare under penalty of perjury	that the information	on this sta	tement and	I in any atta	achments is tr	ue and correct.
	X /s/ Shawn A Lawhun	v	lel Dara	A Lawhu	n		
	Shawn A Lawhun	^		Lawhun			
	Signature of Debtor 1			of Debtor	2		
	Date June 25, 2019	Date	June 25				
	MM/DD/YYYY		MM / DD	/ YYYY			
	If you checked line 14a, do NOT fill out or file Forn	n 122A-2.					
	If you checked line 14b, fill out Form 122A-2 and fi	le it with this form.					

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

page 2

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Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:		Liquidation	
\$24	5	filing fee	
\$7	5	administrative fee	
+ \$1	5_	trustee surcharge	
\$33	5	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy.fo

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

United States Bankruptcy Court Northern District of Ohio

In r	Shawn A Lawhun Dara A Lawhun		Case No.				
	Dara A Edition	Debtor(s)	Chapter	7			
	DISCLOSUDE OF COMDEN	CATION OF ATTO	DNEV EAD DE	DTOD(C)			
	DISCLOSURE OF COMPEN						
	fursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that ompensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to e rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:						
	For legal services, I have agreed to accept		\$	1,065.00			
	Prior to the filing of this statement I have received		\$	1,065.00			
	Balance Due		\$	0.00			
2.	The source of the compensation paid to me was:						
	■ Debtor □ Other (specify):						
3.	The source of compensation to be paid to me is:						
	■ Debtor □ Other (specify):						
١.	■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.						
	or associates of my law fir ched.	m. A					
5.	return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:						
	 a. Analysis of the debtor's financial situation, and renderi b. Preparation and filing of any petition, schedules, stater c. Representation of the debtor at the meeting of creditors d. [Other provisions as needed] Negotiations with secured creditors to recreaffirmation agreements and application 	nent of affairs and plan which s and confirmation hearing, and duce to market value; exc	n may be required; nd any adjourned hear	ings thereof;			
ó.	By agreement with the debtor(s), the above-disclosed fee of Representation of the debtors in any discount any other adversary proceeding.	does not include the following		es, relief from stay acti	ons or		
		CERTIFICATION					
this	rtify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in cruptcy proceeding.						
_	June 25, 2019	/s/ M. Elizabeth N					
Ì	Date	M. Elizabeth Mart Signature of Attorne					
		M. Elizabeth Mar	tindell, Esq. LLC				
		131 South Prosp Marion, OH 4330					
		(740)382-6588 F	ax: (740)375-5372				
		ElizabethMartind Name of law firm	ell@gmail.com				

United States Bankruptcy Court Northern District of Ohio

In re	Shawn A Lawhun Dara A Lawhun		Case No.	
		Debtor(s)	Chapter	7
	VER	RIFICATION OF CREDITOR I	MATRIX	
The ab	ove-named Debtors hereby verify	that the attached list of creditors is true and co	rrect to the best	of their knowledge.
Date:	June 25, 2019	/s/ Shawn A Lawhun		
		Shawn A Lawhun		
		Signature of Debtor		
Date:	June 25, 2019	/s/ Dara A Lawhun		
		Dara A Lawhun		
		Signature of Debtor		

Apria Healthcare PO Box 802017 Chicago, IL 60680-2017

Aqua Oh PO Box 70279 Philadelphia, PA 19176-0279

Cap1/marcs Po Box 30258 Salt Lake City, UT 84130

Cap1/mnrds Po Box 30253 Salt Lake City, UT 84130

Capital One Bank Usa N Po Box 30281 Salt Lake City, UT 84130

Cashland 1299 Mt Vernon Ave Marion, OH 43302

Cashland 17 Triangle Park Cincinnati, OH 45246

Cb/a&f Po Box 182789 Columbus, OH 43218

CBCS PO Box 163279 Columbus, OH 43216-3279

Chrysler Capital Po Box 961275 Fort Worth, TX 76161

City of Marion Utility Billing Dept. 233 W. Center St. Marion, OH 43302-3643 CMRE Financial Services 3075 E Impreial Highway Ste 200 Brea, CA 92821-6753

Columbia Gas PO Box 742510 Cincinnati, OH 45274-2510

Comenitybank/meijer Po Box 182789 Columbus, OH 43218

Comenitybank/victoria Po Box 182789 Columbus, OH 43218

Credit Acceptance Corp PO Box 551888 Detroit, MI 48255-1888

DNF Associates 2351 N Forest Rd Ste 110 Getzville, NY 14068

Fabco Po Box 20850 Columbus, OH 43220

Fed Loan Serv Pob 60610 Harrisburg, PA 17106

Gbs/first Electronic B Po Box 4499 Beaverton, OR 97076

Genesis FS Card Services PO Box 4477 Beaverton, OR 97076-4477

I C System Inc Po Box 64378 Saint Paul, MN 55164 JP Recovery PO Box 16749 Mazie, KY 41160-7490

Kohls/capone N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051

Marion General Hospital PO Box 715160 Columbus, OH 43271-5160

Nationwide Children's Hospital 700 Children's Hospital Columbus, OH 43205

Ohio Edison PO Box 3687 Akron, OH 44309-3637

Ohio Edison PO Box 3637 Akron, OH 44309-3637

OhioHealth PO Box 183221 Columbus, OH 43218-3221

OSU Physicians PO Box 740727 Cincinnati, OH 45274-0727

Parson Bishop Services 7870 Camargo Rd Cincinnati, OH 45243

Penn Credit Corporatio 916 S 14th St Harrisburg, PA 17104

Progressive Leasing 256 West Data Drive Draper, UT 84020

Riverside Radiology & Intervention P.O. Box 713815 Cincinnati, OH 45271-3815

Syncb/sams Club Po Box 965005 Orlando, FL 32896

Syncb/tjx Cos Po Box 965015 Orlando, FL 32896

Tbom/tfc Po Box 13306 Virginia Beach, VA 23464

The Money Source Inc 500 S Broad St Meriden Meriden, CT 06450

The Ohio State University Wexner Medical Center 410 W. 10th Avenue Columbus, OH 43210

Tidewater Finance Company PO Box 17308 Baltimore, MD 21297-1308

Verizon PO Box 26055 Minneapolis, MN 55426

Wells Fargo Dealer Svc Po Box 1697 Winterville, NC 28590

Wf/preferr Po Box 14517 Des Moines, IA 50306